

Library

CUDWORTH
URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE
MEDICAL OFFICER
OF HEALTH
AND THE
SANITARY INSPECTOR

FOR THE YEAR ENDED 31st DECEMBER, 1954.

MEDICAL OFFICER OF HEALTH:
R. S. HYND, M.B., Ch.B., D.P.H.

C U D W O R T H

U R B A N D I S T R I C T C O U N C I L

A N N U A L R E P O R T

O F T H E

M E D I C A L O F F I C E R O F H E A L T H

A N D T H E

S A N I T A R Y I N S P E C T O R

F O R T H E Y E A R E N D E D 31 S T D E C E M B E R , 1954.

CUDWORTH URBAN DISTRICT COUNCIL

M E M B E R S

Chairman: Councillor S. Hearne, J.P.

Vice Chairman: Councillor B. Bateman.

Councillor E. Burkinshaw.

Councillor W.C. Batty.

Councillor E. Burns.

Councillor A.E. Williams.

Councillor J. Gillespie.

Councillor M. Glover.

Councillor A. Glover.

Councillor J.W. Reece.

Councillor H. B. Richards.

Councillor W. Smith.

MEDICAL OFFICER OF HEALTH

R. S. Hynd, M.B., Ch.B., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH

R. Barnes, B.A., M.R.C.S., L.R.C.T., D.P.H.

SANITARY INSPECTOR

Maurice Bennett.

CUDWORTH URBAN DISTRICT COUNCIL

Divisional Health Office,
6, Victoria Road,
BARNESLEY.

October, 1955.

ANNUAL REPORT
for the Year ended 31st December, 1954.

To the Chairman & Members of the
Cudworth Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1954. The report has the same general outline as those for previous years and includes once again a survey of the health services for which the County Council is the administrative authority. A brief statement of and comment upon the hospital arrangements have also been included.

The vital statistics, which show little variation from those of 1953, were on the whole satisfactory. The increased infant mortality rate was more than offset by the reduction in the stillbirth rate and I have commented upon the desirability of judging the two together, rather than separately, in the section of the report dealing with infant mortality. The introduction of the new concept of perinatal mortality will, I hope, be generally accepted for it allows of a more realistic appraisal of the statistics relating to infant mortality than is possible at present.

Brief mention is made in the report of a statistic, the size of which is as vital to the community as any of those more properly placed in the category of vital statistics. I refer to the house building statistic and congratulate the Council in erecting 164 new houses in the last financial year. Good housing and good health often walk hand in hand with progress in the one leading to improvement in the other. I would wish that the housing programme will always make the same excellent progress as it made last year.

My thanks are due to the Members and Officials of the Council for the interest, co-operation and support they have always given to me.

I am,
Your obedient Servant,

R. S. HYND.

Medical Officer of Health.

URBAN DISTRICT OF CUDWORTH

Statistics and Social Conditions

| | |
|---|--------------|
| Area | 1,746 acres. |
| Registrar General's estimate of population mid 1954 | 8,780. |
| No. of inhabited houses according to the Rate Book 1st April, 1955 | 2,666. |
| Rateable Value, 1st April, 1955 ... | £34,056. |
| Nett product of a Penny Rate 1954/55 | £123:13:1d. |

The principal occupations of the inhabitants of the district are coal-mining and railway transport. Last year no major difficulty was encountered in finding work for young people leaving school. The boys, in the main, entered the mining industry or found employment in the engineering firms in Barnsley. The majority of the girls obtained jobs in one or the other of the two small textile factories in the district while the remainder found work in the factories and shops in Barnsley.

VITAL STATISTICS

Live Births

| | Males | Females | Total |
|---------------------|-------|---------|-------|
| Legitimate | 76 | 74 | 150 |
| Illegitimate | 4 | - | 4 |

The number of live births registered showed a decrease of 19 from the previous year. 46% of the mothers were confined in hospital as compared with 52% in 1953. The Registrar General again supplied a comparability factor which relates the proportion of women in the district of child-bearing age with the proportion in a standard population. The crude birth rate multiplied by the comparability factor gives an adjusted birth rate which is comparable with adjusted birth rates in other districts and with the birth rate for the country as a whole. The adjusted birth rate for your district last year was 16.8 per 1,000 estimated population as compared with 20.0 per 1,000 estimated population in 1953 and with 15.2 per 1,000 estimated population for England and Wales. The excess of births over deaths, or the natural increase of population, was 69 as compared with 81 for the previous year.

Premature Births

10 babies were born prematurely last year, 9 of whom were born in hospital. One baby, whose birth weight was only 2 lbs. died but the remainder survived and prospered.

Still Births

2 still births were notified last year as compared with 5 in 1953. The still birth rate was 12.8 per 1,000 total live and still births as compared with 29.1 per 1,000 total births in 1953 and with 23.4 per 1,000 total births for England and Wales.

Deaths

The adjusted death rate, which is the crude death rate multiplied by the comparability factor, was 12.2 per 1,000 estimated population as compared with 12.0 per 1,000 estimated population in 1953 and with 11.3 per 1,000 estimated population for England and Wales. There were 85 deaths among the inhabitants of your district during the year as against 86 deaths in the previous year. The principal causes of death in order of numerical importance were: heart and circulatory diseases, cancer, respiratory diseases. Statistics relating to death rates and the causes and ages at death are given in tabular form at the end of the section on vital statistics.

Infant Mortality

Last year there were 5 infant deaths with an infant mortality rate of 32.5 per 1,000 live births as compared with 24.0 per 1,000 live births for the previous year and with 25.5 per 1,000 live births for England and Wales. Before commenting upon the increased mortality rate we must examine the causes of the five deaths. It will be noted that four of the five deaths occurred within the first week and from causes either congenital in origin or associated with conditions in the ante-natal period or actual period of labour. It should be further noted that the number of stillbirths last year showed a reduction as if to compensate for the increase in the neo-natal mortality.

For many years it has been the practice to consider infant deaths and still births separately but it is becoming increasingly obvious that the still births and the neo-natal deaths, at least those which occur early in the neo-natal period, should be considered together. The reason is that, fundamentally, the causes of death are the same for both. Intracranial haemorrhage occurring during delivery may result in a still born child or one who lives only for a few days. The difference is not a difference in cause but a difference in time and degree. The same argument holds for congenital malformations, the babies so afflicted may either be still born or live for a comparatively short time but the cause of the malformation and subsequent death must be the same for both. It is with this viewpoint in mind that the Registrar General has suggested a new concept of peri-natal mortality to connote a combination of still births with deaths occurring during the whole or part of the neo-natal period, but no standard definition has yet been adopted. Probably the most useful combination will prove to be still births plus deaths within the first week. Such a concept outlines more clearly the problems connected with still births and infant mortality for if the experience of the last two decades is examined it is evident that the peri-natal mortality (still births and deaths under one week) has declined much more slowly than has the infant mortality after the first week of life. The reason is clear, the deaths which can be prevented have to a large extent been prevented and the opportunity for prevention occurs with much greater frequency in those infants who survive the first week of life. There has been some improvement in the peri-natal mortality but a great deal more research and knowledge will be required before more progress can be made.

Maternal Mortality

I am glad to report that no death due to maternal causes occurred last year.

INFANT MORTALITY IN 1954

Nett deaths from stated causes under one year of age.

| <u>Cause of death</u> | <u>Under one week</u> | <u>1 - 2 weeks</u> | <u>2 - 3 weeks</u> | <u>3 - 4 weeks</u> | <u>Total under 4 weeks</u> | <u>1 - 3 months</u> | <u>3 - 6 months</u> | <u>6 - 9 months</u> | <u>9 - 12 months</u> | <u>Total under 1 year</u> |
|--------------------------------------|-----------------------|--------------------|--------------------|--------------------|----------------------------|---------------------|---------------------|---------------------|----------------------|---------------------------|
| Congenital Malformations | 1 | - | - | - | 1 | - | - | - | - | 1 |
| Intra-cranial Haemorrhage | 1 | - | - | - | 1 | - | - | - | - | 1 |
| Haemorrhagic Disease of the New Born | 1 | - | - | - | 1 | - | - | - | - | 1 |
| Prematurity | 1 | - | - | - | 1 | - | - | - | - | 1 |
| Capillary Bronchitis | - | - | - | - | - | - | 1 | - | - | 1 |
| Total | 4 | - | - | - | 4 | - | 1 | - | - | 5 |

CAUSES OF DEATH IN 1954

| <u>Causes of Death</u> | <u>Males</u> | <u>Females</u> | <u>TOTAL</u> |
|---|--------------|----------------|--------------|
| 1. Tuberculosis, respiratory | 2 | - | 2 |
| 2. Tuberculosis, other | - | - | - |
| 3. Syphilitic Disease | 1 | - | 1 |
| 4. Diphtheria | - | - | - |
| 5. Whooping Cough | - | - | - |
| 6. Meningococcal Infections | - | - | - |
| 7. Acute Poliomyelitis | - | - | - |
| 8. Measles | - | - | - |
| 9. Other infective and parasitic diseases | - | - | - |
| 10. Malignant neoplasm, stomach | 2 | - | 2 |
| 11. Malignant neoplasm, lung, bronchus .. | 1 | - | 1 |
| 12. Malignant neoplasm, breast | - | 1 | 1 |
| 13. Malignant neoplasm, uterus | - | - | - |
| 14. Other malignant and lymphatic neoplasms | 6 | 2 | 8 |
| 15. Leukaemia, aleukaemia | - | - | - |
| 16. Diabetes | - | 2 | 2 |
| 17. Vascular lesions of nervous system .. | 5 | 5 | 10 |
| 18. Coronary disease, angina | 6 | 2 | 8 |
| 19. Hypertension with heart disease ... | - | 1 | 1 |
| 20. Other heart disease | 7 | 7 | 14 |
| 21. Other circulatory disease | - | 1 | 1 |
| 22. Influenza | - | 1 | 1 |
| 23. Pneumonia | - | 1 | 1 |
| 24. Bronchitis | 3 | 3 | 6 |
| 25. Other diseases of respiratory system | 1 | - | 1 |
| 26. Ulcer of stomach and duodenum | 1 | - | 1 |
| 27. Gastritis, enteritis and diarrhoea .. | - | - | - |
| 28. Nephritis and nephrosis | - | - | - |
| 29. Hyperplasia of prostate | - | - | - |
| 30. Pregnancy, childbirth, abortion ... | - | - | - |
| 31. Congenital malformations | - | 1 | 1 |
| 32. Other defined and ill-defined diseases | 8 | 8 | 16 |
| 33. Motor vehicle accidents | - | - | - |
| 34. All other accidents | 6 | - | 6 |
| 35. Suicide | - | 1 | 1 |
| 36. Homicide and operations of war | - | - | - |
| <hr/> | | | |
| All causes | 49 | 36 | 85 |
| <hr/> | | | |

DEATHS IN AGE GROUPS

| | <u>Males</u> | <u>Females</u> | <u>TOTAL</u> |
|--------------------------|--------------|----------------|--------------|
| Under 1 year | 3 | 2 | 5 |
| 1 - 5 years | - | - | - |
| 5 - 10 years | - | - | - |
| 10 - 15 years | - | - | - |
| 15 - 20 years | - | - | - |
| 20 - 25 years | 1 | - | 1 |
| 25 - 35 years | 2 | - | 2 |
| 35 - 45 years | 2 | - | 2 |
| 45 - 55 years | 5 | 2 | 7 |
| 55 - 65 years | 8 | 7 | 15 |
| 65 - 70 years | 1 | 4 | 5 |
| 70 - 75 years | 12 | 5 | 17 |
| 75 - 80 years | 6 | 7 | 13 |
| 80 - 85 years | 5 | 5 | 10 |
| 85 - 90 years | 3 | 3 | 6 |
| 90 years and over | 1 | 1 | 2 |
| <hr/> | | | |
| Totals | 49 | 36 | 85 |
| <hr/> | | | |

PRINCIPAL VITAL STATISTICS FOR THE YEAR

1954

Based on the Registrar General's Figures

| | <u>Cudworth Urban District</u> | <u>Aggregate W. Riding Urban Districts</u> | <u>West Riding Admin. County</u> | <u>England and Wales (provisional figures)</u> |
|---|--|--|--|--|
| Birth Rate per 1,000 estimated population: | | | | |
| Crude | 17.5 | 14.7 | 15.1 | 15.2 |
| Adjusted | 16.8 | 14.8 | 15.3 | |
| Death Rate per 1,000 estimated population: | | | | |
| Crude | 9.7 | 12.7 | 11.9 | 11.3 |
| Adjusted | 12.2 | 12.8 | 12.5 | |
| Infective and parasitic diseases excluding Tuberculosis but including Venereal Diseases | | | | |
| | 0.11 | 0.07 | 0.08 | Not available |
| Tuberculosis: | | | | |
| Respiratory | 0.23 | 0.18 | 0.16 | 0.16 |
| Other | 0 | 0.01 | 0.02 | 0.02 |
| All forms | 0.23 | 0.19 | 0.18 | 0.18 |
| Cancer | 1.37 | 2.12 | 2.01 | 2.04 |
| Vascular lesions of the nervous system | | | | |
| | 1.14 | 2.03 | 1.84 | Not available |
| Heart and circulatory diseases | 2.73 | 4.88 | 4.54 | " |
| Respiratory diseases | 1.03 | 1.27 | 1.22 | " |
| Maternal Mortality | 0 | 0.80 | 0.89 | 0.69 |
| Infant Mortality | 32.5 | 28.3 | 28.0 | 25.5 |
| Stillbirths | 12.8 | 26.6 | 25.9 | 23.4 |

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

The provision of residential accommodation for the aged and infirm and for those in need of care and attention is the responsibility of the County Council. Accommodation was readily found last year for those applicants who were ambulant and who could climb stairs without major difficulty. Importantly, the accommodation was provided as near to the applicant's old home as possible to allow him to visit friends easily, and maintain his former social contacts. The provision of ground floor accommodation for those, who in my last annual report I described as "border-line cases", remained difficult at times and during the winter months there was a waiting list of applicants. The waiting list might have been longer but for additional accommodation, of the small hostel type, being provided last year. All the old institutional accommodation has been modernised and the interiors of these buildings now have none of the somewhat forbidding austerity they possessed in former years.

I am glad to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act, 1946.

My comments on the hospital service provided for the division will be brief, for my position in this matter is that of an interested observer rather than one with direct responsibility for hospital management. No comment is necessary on the hospital provision for the acute sick, maternity patients and those suffering from infectious diseases for there can be little quarrel with the existing high standard of service. Hospital accommodation for tuberculosis has greatly improved in recent years, no doubt due in a large measure to the success of the newer forms of treatment. Accommodation for the chronic sick was very variable and appeared to be inadequate in the winter months, when the greatest demand for beds always occurs. It is indeed very difficult to satisfy the hospital needs of the chronic sick for the very chronicity of the illnesses and the age of the patients inevitably makes for a long hospital stay, and the discharge from hospital is far more dependent on the home circumstances of the patient than it is with the acute sick. The speedier discharge home of the chronic sick was aided appreciably last year by the excellent home nursing service in the division about which I have more to say later.

The mental hospital accommodation remained difficult, particularly for those suffering from senile dementia when long admission delays were common. Admission of voluntary patients was made easier with the establishment and greater use by general practitioners of the consultant psychiatric clinic at the Bockett Hospital. The institutional accommodation for mental defectives remained, I understand, very difficult throughout the year in the region as a whole but vacancies were found for some patients in the division and much needed relief was obtained. The Occupation Centre in Barnsley was used to the maximum but the waiting list of children in the division requiring such training grew, and I regret that no real progress was made with the conversion of the old divisional offices at The Gables, Wombwell, into an Occupation Centre. As will be seen in the section of the Report on Mental Health, which follows, there are 28 children and 12 adults who are considered fit for Occupational Centre training and who still await vacancies. It is true that the plans for the conversion of part of the accommodation at The Gables into an Occupation Centre have been prepared and approved by the County Council, what is now required is speedier action in the translation of plans into something more solid and tangible. The provision of institutional accommodation and accommodation in occupation centres have a direct relationship and the provision of the latter will to a material extent obviate the need for the former.

General Hospitals

The general hospitals serving your district are given below. Their administration rests with the Leeds and Sheffield Regional Hospital Boards through the local hospital management committees.

Leeds Regional Hospital Board:

1. Clayton Hospital, Wakefield.
2. General Hospital, Wakefield.
3. Leeds General Infirmary.

Sheffield Regional Hospital Board:

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.

Infectious Diseases Hospitals

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.

Maternity Hospitals

Maternity cases were usually admitted to the following hospitals:

1. The St. Helen Hospital, Barnsley.
2. Pinder Oaks Maternity Home, Barnsley.
3. Manygates Hospital, Wakefield.
4. Hallamshire Maternity Home, Chapeltown.

The services of the Jessop Hospital, Sheffield, and the Maternity Hospital, Leeds, were also available for abnormal obstetric cases.

Tuberculosis Scheme

Two whole-time Tuberculosis Health Visitors were engaged last year and in consequence the liaison arrangements with the Chest Centre were greatly strengthened. The preventive work in the field and the clinical work in the Chest Centre were more closely interwoven and the fortunes of the patient and the follow-up of the contacts could be more completely supervised. The percentage of contacts accepting examination was higher which materially helped in the search for the sources of infection. After-care arrangements included extra-nourishment, when recommended by the Chest Physician, in the form of free milk allowance and bed, bedding and other equipment was issued on loan to patients where necessary. Home Helps were also provided when required.

The programme of the clinics held at the Chest Centre, 46 Church Street, Barnsley, is given below:

| | |
|------------|----------------------------------|
| Tuesday, | 10.0a.m. to 12.0 noon (children) |
| Wednesday, | 10.0a.m. to 12.0 noon. |
| Wednesday, | 2.0p.m. to 4.0 p.m. |
| Thursday, | 10.0a.m. to 12.0 noon. |
| Friday, | 10.0a.m. to 12.0 noon. |

Veneroeal Diseases

The nearest centre for Cudworth patients for the diagnosis and treatment of veneroeal diseases is in Barnsley.

Address: Special Treatment Centre,
Queen's Road,
BARNSELEY.

Other centres are situate in Sheffield, Rotherham and Wakefield, and a patient is at liberty to attend at the centre of his choice. Treatment is completely confidential.

Ambulance Service

The calls on the ambulance service tended last year to become more stabilised though there was again a slight increase in the Out-Patient traffic. Nearly 400,000 patients were carried and about $2\frac{3}{4}$ million miles were covered last year which gives one some idea of the magnitude of the service provided.

The further slight increase in the Out-Patient traffic was largely due to an increase in physio-therapy as new or larger departments were established and the greater number of transfers between hospitals and convalescent homes as more of the latter were provided.

The stretcher cases and discharges from hospital remained relatively constant, but there was a slight increase in the admissions because of a quicker bed-turn-over. The latter was helped both by the additional convalescent home accommodation which was provided and by the efficiency and sufficiency of the Home Nursing Service in the after-care of the discharged patient. It is to be regretted that once again, with the increase in the road traffic, the accident rate for 1954 was increased. Headway in ambulance depot construction, a material factor in improving the ambulance service organisation, was made last year and one new depot, which affected the service in the division, was erected at Wath-upon-Dearne. A further new depot is planned for this year at Platts Common to replace the one in Hoyland.

Home Nursing

The total visits made by the Home Nurses in the division last year was 57,530, a really remarkable figure when compared with that which applied before the County Home Nursing Service was established in 1948. While we do not judge the service solely on its statistical record, for quality of work as well as quantity is important, yet a detailed study of last year's record is interesting if only for the light the figures throw on the many aspects of home nursing. It is worth noting, for instance, that 56% of the visits were made among the aged and infirm. Much attention in past years has been focused on old people and on the problems of old age, and I think the amount of attention which has rightly come to be given to old people is reflected by the high proportion of the total home nursing visits they received. Again, the benefit to the hospitals of a good home nursing service is clearly illustrated by the figures last year. Over 10,500 visits were made to so-called surgical patients the vast majority of whom were recent discharges from hospital after an operation.

It is reasonable, I think, to accept that the home nursing service was instrumental last year in saving hospital bed accommodation by both obviating the necessity for admission to hospital and expediting discharge. The family doctors certainly appreciate the service for it helped by relieving them of nearly 20,000 injections. I would not, however, wish to over-stress the help of the nurse to the family doctor for he is of equal help to the nurse, indeed the co-operation between them is becoming a model of the co-operation which should exist between members of the medical and nursing professions.

The great volume of work which home nurses now have to deal with and the tendency for the amount to increase each year, emphasises the necessity for team-work and mobility about which I wrote last year. The volume of work, however, is fast becoming too much for the present nurses to manage and steps have been taken to increase their numbers this year.

Home Helps

The divisional establishment of Home Helps has increased over the years from 13 whole-time helps or their equivalent in part-time workers to 34, and, by and large, though the strictest economy was necessary, the number about sufficed last year. Each week 240 households, on average, received domestic assistance which, with the permitted establishment, allowed of only 6 - 7 hours per week to each household with the exception of maternity cases. The amount of help each household received was obviously small, but at least all the applicants received some help and none in need was refused. Again the aged and infirm received the most benefit from the scheme for approximately 90% of the available home help hours went to them. As I have stated in a previous report it is not easy to administer a service which caters in the main for the aged, for the infirmities of old age are progressive, however slowly, and the need for help in the aged increases as time goes by. At the beginning of the year there were 196 aged people in receipt of domestic assistance of whom 151 were still receiving assistance at the end of the year. At the beginning of 1955 there were 249 aged people receiving assistance and it is obvious that difficulties must arise in finding help for the new applicants. Indeed, the only way is by exercising the strictest economy with the pruning of hours wherever possible. As is to be expected it is in the winter months when the need for home help is greatest and it was during these months that it was most difficult to satisfy the demands.

The aged have, for some years now, received the lion's share of the home help scheme and perhaps it is right they should for their need is the greatest but it would be a pity, if in catering for the aged, the scheme should neglect the rest of the community. I think the financial arrangements often discourage the sick, apart from aged sick, from seeking assistance even though, at first sight, the allowances against payment in the County Council scale seem generous. Unfortunately, the scale is not generous when only a few hours per week are allowed and the policy adopted in the division of spreading the "butter thinly over the bread" to cater for the maximum number automatically restricts the number of home help hours allowed to each household. In consequence some deserving households derive no financial benefit from the scheme, and for this reason I would like a change in the scheme so that the scale of charges bears a more direct relationship to the number of home help hours provided.

Laboratory Service

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food & Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

Maternity and Child Welfare

The Maternity and Child Welfare Centre is situated in the St. George's Hall. Infant Welfare clinics are held each Wednesday with morning and afternoon sessions and ante-natal clinics are held each Friday morning. The continued popularity of both clinics was again apparent last year, but as I concentrated my remarks in my previous annual report on the welfare clinic I propose in this report to write mainly on the ante-natal clinic. I would, however, make this general observation about the welfare clinic. For years it has been a well attended clinic and a well attended clinic allows the clinic doctor and nurses the greatest opportunity for putting over their viewpoint on mothercraft and health matters in general. If health matters discussed at the clinic are put in practice in the homes we should expect to see the influence of the clinic reflected in the mortality and morbidity statistics of the infants and toddlers. I believe the health statistics which are available do show that in Cudworth our expectations have been realised to a large extent over the years.

In my previous annual report I doubted whether in the whole of the County there was an ante-natal clinic with a better attendance record than yours and last year's attendance makes the validity of this statement even more certain. Since the inception of the National Health Service Act in 1948 the tendency has been for the attendances at the Local Health Authority's ante-natal clinics to fall for the Act gave encouragement to an expectant mother to book the family doctor for her pregnancy and confinement under the general practitioner/obstetrician scheme. It did not discourage doctors from making full use of the clinics for ante-natal care and doctors in your district have continued to do so. That they do is an indication of their confidence in the clinic and in the co-operation between the clinic and them.

In considering the question of ante-natal care we must recognise the right of expectant mothers to choose from whom they wish to receive it nor must we quibble over their choice. What really matters it that all expectant mothers should receive the best ante-natal care from whatever the source. We must not think of ante-natal care, however, solely in terms of clinical examinations, it must equally include the adequate preparation of the expectant mother for her confinement and subsequent care of her baby, and explanation of her difficulties and problems and a resolution of her doubts and fears. It is for the latter task that I think the clinic is so well equipped and which makes it, I believe, an essential part of the midwifery system.

A new feature in ante-natal care was introduced last year with the establishment of relaxation exercise classes conducted by the midwives.

The purpose of these classes are threefold, to explain in simple terms the natural processes of labour, to teach simple healthy exercises which will be of help to the patient in labour, and to remove as far as possible any fear of childbirth by making the unknown known. Most beneficial results have been obtained from attendances at these classes in other parts of the division and I feel that a similar happy result will be obtained in your district in due course.

Infant Welfare Clinic - Attendances during 1954

| | | No. of children who attended <u>during year.</u> | Total attendances Under Over <u>1 year. 1 year.</u> | |
|--------------------|-------------|--|--|--------|
| St. George's Hall, | Wednesday, | | | |
| CUDWORTH. | 10 a.m. to | | | |
| | 12.0. noon | 558 | 3,281. | 2,511. |
| Dr. M. Scott. | 2.0.p.m. to | | | |
| | 4.0.p.m. | | | |

Ante-Natal Clinic - Attendances during 1954.

| | | No. of women who attended <u>during the year.</u> | Total number of attendances made by <u>women during the year.</u> |
|--------------------|--------------|---|---|
| St. George's Hall, | Friday, | | |
| CUDWORTH. | 9.30.a.m. to | 229. | 1,009. |
| Dr. M. Scott. | 12.0. noon. | | |

Post-Natal examinations: 122.

MENTAL HEALTH SERVICE

The Mental Health Social Workers and the Home Teacher last year served well the parents and guardians of the mentally defective persons in the division and were also of help to those recently discharged from mental hospital where after-care was sought or was recommended by the hospital psychiatrists.

There are 179 mental defectives in the Division who are under Supervision of one form or other, viz;

| | Under 16 | | Over 16 | |
|---------------------------|----------|---------|---------|---------|
| | Males | Females | Males | Females |
| Statutory Supervision ... | 22 | 23 | 39 | 44 |
| Guardianship | - | - | 1 | 3 |
| Voluntary Supervision ... | - | - | 22 | 25 |

Training of defectives is partly covered by the Barnsley Occupation Centre (11 children and 2 adults attend) and partly by a Home Teacher. The Home Teacher either gives training to groups at specified centres or individual training at home whichever is more suitable.

Group classes are held at Wombwell - Wednesday mornings, Worsborough - Thursday mornings, and Darton on Fridays.

28 children and 12 adults are awaiting admission to the Occupation Centre, either Wombwell or Barnsley and 7 adult males are considered suitable for Industrial Centre Training.

Of the defectives in the division 72 are in gainful full-time employment and 40 are adequately employed in the home.

There are 39 males and 58 females in institutions, who previously resided in the Division. There is no urgent case awaiting admission to an Institution but there are 3 girls and 1 boy, and 5 male adults and 9 female adults in the Regional Hospital Board's waiting list for eventual admission when vacancies arise.

To ease tension in the homes, provision has been made by the Regional Hospital Board for short stay vacancies to cover illness and emergencies. Unfortunately, the demand exceeds the number of vacancies, and in the case of short-stay vacancies for holidays the Hospital Board have not been able to meet all requests.

There has been an increase in the number of after-care cases visited - the Sheffield Regional Hospital Board now indicating where after-care is required although all discharges are visited by the Social Worker to inform the patient that help is available if it is required. A good co-operation is maintained with the Psychiatric Clinic, held on a Tuesday and Wednesday at Beckett Hospital, and a West Riding Social Worker is in attendance.

SCHOOL HEALTH SERVICES 1954

Before giving a brief statistical summary of the work of the School Health Service in your district mention must be made of the opening of a new school for the handicapped pupils and the introduction of two important changes in the divisional school health scheme.

Wombwell Day Special School

This school for backward or educationally sub-normal children was opened in February in premises previously used as an Open-Air School for delicate children. The educational needs of backward children cannot always be met in an ordinary school especially with the large classes which are nowadays so common. At the same time it is not an easy thing for parents to accept readily the idea that their child is backward and needs education in a special school and it was a welcome surprise to find the school so quickly accepted by parents. The school has certainly made a very good start and, with the correct usage, it should in time fill a long felt need in our educational system and satisfy the peculiar individual needs of the backward child.

Tuberculin Testing of School Entrants

This scheme was introduced last year in part of the division and will be in operation throughout the Division by the end of 1955. The idea is to test all school entrants for tuberculin sensitivity and to examine further those who show a positive skin reaction. The test is completely painless and easy to perform and consists in putting a tiny smear of tuberculin jelly on the back and covering with adhesive plaster. Those children giving a positive reaction are referred to the Chest Physician for full examination including an X-Ray film of the chest. At the same time the family contacts are urged to accept the same full examination from the Chest Physician. The test is only made with parental consent and in the schools which have been done so far it is gratifying to find that over 80% of the parents have accepted the scheme.

B.C.G. Vaccination

Reference to the B.C.G. vaccination scheme for school leavers is made in the section of the report dealing with Tuberculosis but is repeated here because of the close association of the scheme with the scheme for the tuberculin testing of school entrants. Both are concerned with the prevention of tuberculosis in the community, but each approaches the problem from a different angle. In tuberculin testing the school entrants we aim to find the positive skin reactors and from them to trace the hidden sources of infection. With the B.C.G. vaccination scheme we aim at protecting the individual himself rather than the community as a whole and therefore we search for the negative skin reactors. It is these children who are susceptible to Tuberculosis and by vaccination we try to protect them against the disease and particularly during the difficult years of adolescence which lie ahead of them.

The statistical summary which follows shows the results of school medical inspections made last year in your district and the attendance at the various clinics.

GENERAL EPIDEMIOLOGY

| <u>Notifiable diseases other than Tuberculosis</u> | <u>Number notified</u> | <u>Admitted to Hospital</u> | <u>Deaths</u> |
|--|----------------------------|---------------------------------|---------------|
| Scarlet Fever | 18 | 18 | - |
| Measles | 101 | 1 | - |
| Whooping Cough | 1 | - | - |
| Pneumonia | 4 | 2 | 1 |
| Erysipelas | 2 | - | - |
| Poliomyelitis - Paralytic | 3 | 3 | - |
| Puerperal Pyrexia | 2 | 1 | - |

The following Table gives the age distribution of cases
of Infectious Diseases notified during the Year

| <u>Notifiable Disease</u> | <u>Under 1 yr.</u> | <u>1-4</u> | <u>5-14</u> | <u>15-24</u> | <u>25-44</u> | <u>45-64</u> | <u>65 & over</u> |
|---------------------------|------------------------|------------|-------------|--------------|--------------|--------------|--------------------------|
| Scarlet Fever | - | 4 | 13 | 1 | - | - | - |
| Whooping Cough | - | - | 1 | - | - | - | - |
| Poliomyelitis | - | - | 1 | 2 | - | - | - |
| Measles | 2 | 49 | 50 | - | - | - | - |
| Pneumonia | - | - | - | - | 1 | 3 | - |
| Erysipelas | - | - | - | - | - | 1 | 1 |
| Puerperal Pyrexia | - | - | - | - | 2 | - | - |

Routine School Medical Inspections were carried out by Dr.S.G.A.Henriques at the under-mentioned schools:

Cudworth Snyderdale Road Infants' School.
 Cudworth Pontefract Road Infants' School.
 Cudworth St.Mary's Roman Catholic School.
 Cudworth Secondary Modern Girls' School.
 Cudworth Secondary Modern Boys' School.

Summary of Defects found:

| <u>School Visited</u> | <u>No. of children examined</u> | <u>DEFECTS FOUND</u> | | | | | | <u>No. passed for Treatment</u> |
|------------------------|---------------------------------|----------------------|---------------|--------------|--------------|--------------------|---------------|---------------------------------|
| | | <u>Ocular</u> | <u>E.N.T.</u> | <u>Heart</u> | <u>Lungs</u> | <u>Orthopaedic</u> | <u>Others</u> | |
| Snyderdale Rd.Infants | 192 | 12 | 27 | 2 | 15 | 7 | 21 | 20 |
| Pontefract Rd.Infants. | 92 | 3 | 13 | 1 | 10 | 6 | 14 | 4 |
| St.Mary's R.C. | 43 | 5 | 2 | - | 3 | 3 | 1 | 6 |
| Sec.Modern Girls' | 66 | 26 | 3 | 1 | 1 | 1 | 13 | 14 |
| Sec.Modern Boys' | 92 | 19 | 1 | 2 | 1 | 2 | 6 | 12 |
| | 485 | 65 | 46 | 6 | 30 | 19 | 55 | 56 |

CLINICS

SCHOOL CLINICS

St. George's Hall,
 Barnsley Road, CUDWORTH

No. of individual children who attended and were seen by Doctor.

445.

SPECIALIST CLINICS

Ophthalmic Clinic. (70 sessions held in 1954.)

Dr.N.L.McNeil, M.B., D.O.M.S., Ophthalmologist.

No. of children examined ... 237

Orthopaedic Clinics. (12 sessions held in 1954.)

Mr.T.L.Lawson, F.R.C.S., Orthopaedic Surgeon.

No. of children examined ... 80

Ear, Nose and Throat Clinics. (11 sessions in 1954)

Mr.W.L.Rowe, F.R.C.S., E.N.T. Surgeon.

No. of children examined ... 39

Paediatric Clinics. (1 clinic per month.)

SPECIAL CLINICS

Speech Therapy Clinic.

Mrs.P.J.Battye, L.C.S.T., Speech Therapist.

| | | | |
|----------------------|-----|-----|-----|
| No. of children seen | ... | ... | 9 |
| Total attendances | ... | ... | 128 |

Child Guidance Clinic.

Dr.M.M.MacTaggart, M.A., B.Ed., Ph.D., Educational Psychologist.

| | | |
|----------------------------|-----|----|
| No. of children examined.. | ... | 20 |
| Total attendances | ... | 75 |

Sun-ray Clinic (2 sessions per week)

| | | |
|--------------------------------------|-----|-----|
| No. of individual children attending | ... | 57 |
| Total attendances made | .. | 810 |

MINOR AILMENTS CLINICS

| | |
|---|------------|
| No. of individual children treated by Health Visitors | 162 |
| Total attendances | 192 |

SANITARY CIRCUMSTANCES OF THE AREA

Housing

The number of inhabited houses at the end of the year was 2,666. 170 new houses were completed of which 164 were built by the Council. A more detailed report on the housing situation is given in the report of the Sanitary Inspector.

Water Supply

The Council's water supply is obtained from the Barnsley County Borough reservoirs at Ingbirchworth and Midhope, near Penistone. The supply was sufficient in quantity throughout the year and was regularly tested for purity by the County Borough.

Scarlet Fever

18 cases of Scarlet Fever were notified last year as compared with 13 in the previous year. The incidence was not related to any one particular period of the year and the disease in general was mild and recovery complete.

Measles

There were 101 cases of Measles notified last year as compared with 94 cases in 1953. Practically all of the cases occurred in the last quarter of the year and in December the disease reached epidemic proportions, the epidemic continuing into the first quarter of the present year. The illness, in general, was not severe and recovery was complete and usually rapid.

Whooping Cough.

Only one case of Whooping Cough was notified last year, a rather remarkable fact considering only two cases were notified in the previous year. It would, indeed, be pleasant if we could assume that the relative absence of Whooping Cough from the district in the past two years was an indication of the immunity of child population to the illness and if we could ascribe the immunity to the high percentage of children immunised against the disease. I am afraid no such judgement is yet possible but there are good prospects of it becoming true, for our immunisation scheme continues to progress. Last year 91 infants were immunised against Whooping Cough, the vast majority at the clinic, but it is possible a further number were immunised by the family doctor and for whom we have no record. It is essential to have 75% of the child population immunised before it can safely be assumed that Whooping Cough is an illness of the past. We have still some way to go before this ideal is reached but with continued effort I feel sure the happy day will dawn eventually.

Smallpox and Diphtheria Prophylaxis

Smallpox is a disease which rarely troubles this country and one which is largely forgotten by most people. Unfortunately the same people have forgotten, or at least fail to appreciate, the means by which Smallpox was eliminated from the country with the result that, vaccination against the disease has become almost as much of a stranger to them as the disease itself. This is a pity for an infectious disease can only gain a foothold in a country and become endemic when the population as a whole possesses little immunity. We hope Smallpox will never again become endemic in Britain but our guard against this catastrophe must lie in keeping a general measure of immunity by protecting the infant population. 1954 was a poor year for infant vaccination in your district when less than 5% of the babies were vaccinated but 1955 will be better and we must strive to make each succeeding year better still.

Diphtheria still claims its victims but the number of cases in the country becomes fewer each year. Inevitably this arouses, in a proportion of the population, a feeling of complacency and a lowered regard for the need for immunisation. Fortunately, this tragedy of complacency did not affect your district last year and indeed I am happy to report improved immunisation statistics. The immunisation statistics for last year showed that 73.6% of all children in the district between the ages of 0 - 14 years were immunised with 58.1% of the children in the age group 0 - 4 years and 81.0% of the children in

the age group 5 - 14 years protected. Providing these percentages can be maintained or perhaps even improved diphtheria should never again trouble the community.

Poliomyelitis

3 cases of Poliomyelitis were reported last year from which two patients made a complete recovery. Unhappily the third patient was left with some residual paralysis and was still under treatment from the Consultant Orthopaedic Surgeon at the end of the year.

Tuberculosis

8 new cases of Tuberculosis were notified during the year, 7 of whom had Pulmonary lesions. There were 2 deaths from Pulmonary Tuberculosis.

The fall in the incidence of Pulmonary Tuberculosis is particularly noteworthy in a year when more people than ever before had a chest X-ray. In May last year the Mass Radiography Unit visited Cudworth for the first time and in a short ten-day stay over 1,900 people took advantage of a chest X-ray. Chest X-rays reveal many diseases other than Pulmonary Tuberculosis and as was to be expected in a mining area Pneumoconiosis was far the most frequent of the abnormal findings.

But Pulmonary Tuberculosis is infectious and therefore a greater potential danger to the community than Pneumoconiosis which is non-infectious, and it is the search for Pulmonary Tuberculosis which is perhaps the main target of mass radiography. In this connection its purpose is twofold, to discover the disease in its earliest, and therefore most curable, stage, and to reveal the hidden sources of infection which offer the greatest danger to the community. Mass Radiography last year did fulfil its purpose and in doing so helped both the unfortunate sufferers and the community at large. It is hoped that a visit from the Mass Radiography Unit every alternate year will prove possible.

Preparations were also made last year for the introduction early in 1955 of another important preventive measure which I believe can hasten the rate of decline of Tuberculosis in the district. The measure I refer to is an extension of the B.C.G. Vaccination Scheme which for some years has been offered to child contacts of open cases of Pulmonary Tuberculosis with an ever increasing number of acceptances. Last year it was planned to extend the scheme to school children in the thirteen-years age group irrespective of previous contact with Tuberculosis. Those, who by a simple skin test, show a lack of immunity against the disease will be vaccinated. The age group of thirteen-years old children was chosen because it allows of a full year's supervision before the child leaves school. It is intended to make the vaccination of this age group an annual event so that all school leavers in the years ahead will be protected against Tuberculosis through the difficult period of adolescence which confronts them. The response of the Cudworth parents to this scheme, which is entirely voluntary, was excellent and we can await the results with confidence.

Tuberculosis - Record of Cases during 1954.

| | Pulmonary | | Non-Pulmonary | |
|---|-----------|----|---------------|----|
| | M. | F. | M. | F. |
| No. of cases on Register at 1st January, 1954 | 18 | 28 | 3 | - |
| No. of cases notified for the first time during the year | 5 | 2 | 1 | - |
| No. of cases restored to register | - | - | - | - |
| No. of cases added to register other-wise than by notification | - | - | - | - |
| No. removed to other districts | - | 1 | - | - |
| No. cured or otherwise removed from register ... | 2 | 1 | - | - |
| No. died from disease | 2 | - | - | - |
| No. died from other causes | - | - | - | - |
| <hr/> | | | | |
| Total at end of 1954 | 19 | 28 | 4 | - |
| <hr/> | | | | |

Tuberculosis - New Cases and Mortality in 1954.

| <u>Ago Periods</u> | NEW CASES | | DEATHS | |
|--------------------|------------------|----------------------|------------------|----------------------|
| | <u>Pulmonary</u> | <u>Non-Pulmonary</u> | <u>Pulmonary</u> | <u>Non-Pulmonary</u> |
| 0 - 1 | - | - | - | - |
| 1 - 5 | - | - | - | - |
| 5 - 10 | - | 1 | - | - |
| 10 - 15 | - | - | - | - |
| 15 - 20 | 1 | - | - | - |
| 20 - 25 | 3 | - | - | - |
| 25 - 35 | 1 | - | - | - |
| 35 - 45 | - | - | 1 | - |
| 45 - 55 | - | - | 1 | - |
| 55 - 65 | - | - | - | - |
| Over 65 | 2 | - | - | - |
| <hr/> | | | | |
| Total | 7 | 1 | 2 | - |
| <hr/> | | | | |

REPORT OF THE SANITARY INSPECTOR FOR YEAR 1954

The Medical Officer of Health and the Chairman and
Members of the Cudworth Urban District Council.

Gentlemen,

The following is a tabulated statement showing the work carried out by the Sanitary Inspector during 1954.

| | |
|---|-----|
| Total number of inspections made for nuisances only..... | 210 |
| Nuisances in hand at end of 1953..... | 21 |
| Nuisances found in 1954..... | 115 |
| Total nuisances needing abatement..... | 136 |
| Nuisances abated during 1954..... | 121 |
| Nuisances outstanding end of 1954..... | 15 |
| Informal notices served..... | 115 |
| Legal notices served..... | 8 |
| Informal notices complied with..... | 121 |
| Statutory notices complied with..... | 2 |
| Legal proceedings (incl'd. appeals and prosecutions)..... | 8 |

TENTS, VANS, SHEDS ETC.

During the year there were two caravans stationed in the area, one in the Storrs Mill area and one in George Street.

DRAINAGE AND SEWERAGE

There were no sewer extensions during 1954.

There are 61 houses not connected to the public sewerage system owing to there being no public sewerage system available. Each of the houses are connected to a cesspool emptiable by owner.

CLOSET ACCOMMODATION

| | |
|---|------|
| No. of privies with covered middens or covered ashpits..... | 16 |
| No. of pail closets..... | 7 |
| No. of chemical closets..... | 6 |
| No. of pedestal water closets..... | 2902 |
| TOTAL NO. CLOSETS | |
| | 2931 |

The percentage of closets on the water carriage system is 99%. The number of closets constructed in 1954 was 170 principally in connection with local authority housing and 6 privately built houses.

During the year the Council approved a scheme for converting 8 privies and 5 chemical closets to the water carriage system via a suitable treatment and disposal plant. The work is scheduled to be carried out (at 1 to 25 Shaw Lane) by the Surveyor's Department during the year April 1955 to March 1956.

REMOVAL OF REFUSE

The Council has continued throughout the year to remove household refuse throughout its district, there being a weekly collection and the Surveyor being responsible for the service. Disposal is at the two refuse disposal tips in Weetshaw Lane and in Snydale Road. During the year the Council gave an instruction for clean building refuse to be disposed of on a plot of land No. 215 at the lower end of Barnsley Road, with a view to filling in a deep depression, adjacent to post-war houses.

WATER SUPPLY

The County Borough Council of Barnsley continued to supply the Cudworth Urban District Council with water for drinking and domestic purposes. Distribution is effected by the Cudworth U.D.C., and every house has a water supply tap within its walls. There are approximately 2,686 dwellinghouses in the area.

Four samples of water were collected during the year at the request of the County Medical Officer of Health for examination as to possible metallic contamination. Each sample was reported upon by the Public Laboratory as being satisfactory.

MILK SUPPLY

9 samples of milk were submitted to the public analyst in accordance with the terms of the Food and Drugs Act 1938. All samples were certified to be genuine milk. 2 samples of milk were submitted on the instruction of the Divisional Medical Officer of Health, being samples obtained from producers who retain a quantity for their own domestic use. Examination of the samples was for evidence of tuberculosis, and there was a "negative" result in each case. All milk retailed within the Council's area is, by statute, retailed in sealed containers. The following are the types of milk licences in force:-
3 Supplementary Licences to use the designation "Pasteurised"
3 Supplementary Licences to use the designation "Tuberculin-Tested"
2 Supplementary Licences to use the designation "Sterilised"
15 'Dealer's Licence' to retail pasteurised or sterilised milk.

ICE CREAM

There are no ice cream manufacturing premises in the Council's district. There are 26 licence holders to retail or store ice cream.

8 samples of ice cream were submitted to the public health laboratory and all were pronounced as satisfactory.

MEAT AND FOOD INSPECTION

83 lbs of tinned meats, vegetables, milk, fruits etc. were submitted by retailers for certification as to being unsound, a practice resorted to where the retailer desires to claim compensation from his supplier. Where a retailer produces a large number of pre-packed foodstuffs for examination, a charge of 10s.6d. is made by the Council for the services of the sanitary inspector. This principle is designed so that retailers are discouraged from allowing unsound foodstuffs in damaged containers to accumulate on his premises. No charge is made where the number of the containers is comparatively small.

The slaughtering of animals for sale for human consumption was re-introduced in July 1954 with the ending of meat rationing and there were two licensed slaughterhouses immediately put into use for the purpose. From the year 1939 to July 1954 slaughterhouses were closed for the purpose of slaughtering, although annual licences were granted during the 15 years of closure. During 1954 from July to the end of December 182 oxen, 120 pigs and 9 calves were examined at the place of slaughter and 5 cwt. 3 qrs. 5 lbs. of edible material were condemned after examination by the sanitary inspector on account of disease of abnormality. Every effort was made during the period quoted to examine all beef and pork animals slaughtered and the meat inspection service required Sunday and holiday duties in addition to normal working day visits.

There continues to be an absence of a readily accessible hot water supply to the male washing facilities at the Council offices. Its re-installation for use after slaughterhouse attendances where diseased animals organs are frequently met with and handled during examination would fill a long-since-removed and necessary convenience.

OTHER FOODS

There are 8 bakehouses in the area and 9 visits were made to them during 1954.

There were 40 visits to general food shops, grocers, etc.

There are 11 fish frying premises and 12 visits were made during the year. No conditions were found which called for any action to be taken by the Council. There appears to be a tendency for food retailers to instal mechanically cooled display cabinets for the more perishable types of food stuffs.

There were major improvements carried out at two differently-owned meat retailing establishments, each of the proprietors slaughtering within the Council's area. In one case £1800 was spent and in the other case £1000 was spent on improving the facilities for storage and sale of meat and meat products.

SWIMMING POOLS

There are no privately-owned swimming pools within the Council's area. The open-air pool in the Miners Welfare Park operated during the season. Treatment of the pool water is by continuous filtration, chlorination and heat-treatment before the water is returned to the bath during it's circulation.

BYE-LAWS IN FORCE

New bye-laws regulating the use of the Park were introduced during 1954. There are also:-

Mortuary Bye-laws dated 1.10.34.

Nuisances and the keeping of animals dated 7.11.34.

New Streets and Buildings dated 24.8.53.

HOUSING MATTERS

There are no up-to-date figures for statutory overcrowding. As a result of detailed examination of the Sidcop Area during 1953 and 1954 one or two cases of overcrowding were revealed and the Council dealt with these by re-housing the overcrowded families. At the time of preparing this report

there are only two cases of overcrowding known to the sanitary inspector, two families residing in two houses (one in the Sidcop area and another elsewhere) have a total of 20 persons residing therein.

During the Council's year 164 new houses were erected by them and 6 new houses by private enterprise for owner-occupiers use.

No private property owner embarked upon any improvement scheme as envisaged by the Housing Act 1949.

PREVENTION OF DAMAGE BY PESTS ACT 1949

During 1954 the rodent operator (Mr. Harry Makings) dealt with 12 complaints on rat infestations. Complaints of mice infestations are in the main dealt with by the complainant by a highly successful proprietary preparation containing warfarin supplied through the sanitary inspector's office.

SUMMARY OF VISITS MADE BY THE SANITARY INSPECTOR IN 1954

| | |
|---|-----|
| Under the Public Health Acts..... | 299 |
| Re-visits or re-inspections..... | 124 |
| Visits under the Housing Acts(Slum Clearance)..... | 85 |
| Milk Retailing Premises..... | 1 |
| Slaughterhouse visits..... | 102 |
| Prevention of Damage by Pests..... | 16 |
| Bakehouses..... | 10 |
| Fish frying premises..... | 12 |
| General Food Shops..... | 40 |
| Visits in connection with infectious diseases..... | 15 |
| Fumigation after infectious disease..... | 2 |
| Choked drainage systems dealt with..... | 16 |
| Alleged dirty houses visited..... | 9 |
| Offensive accumulations (removed)..... | 3 |
| Visits on behalf of the Housing Committee (prospective tenants)..... | 242 |
| Visits on behalf of the Housing Committee (Prospective tenants) (for maintenance of cleanliness and inside decorations)..... | 460 |
| Number of household removals arranged..... | 17 |
| Other visits (collections of water samples, ice cream and milk samples for laboratory)..... | 29 |

Yours faithfully,

MAURICE BENNETT.

Sanitary Inspector.

